

EXHIBIT P

ACORD™ BUSINESS AUTO SECTION

DATE (MM/DD/YY)

01/28/20



APPLICANT Asphalt Paving Systems, Inc. et al
(First Named Insured) See the attached schedule of Names

EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
04/01/20	04/01/21	<input checked="" type="checkbox"/> AGENCY BILL		
FOR COMPANY USE ONLY				

AGENCY
CUSTOMER ID:

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	<input checked="" type="checkbox"/> 1 4 9 2 7 3 8	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$2,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	<input checked="" type="checkbox"/> 5 7	OR EQUIVALENT DEDUCTIBLE NO-FAULT COVERAGE \$	PHYSICAL DAMAGE		
ADDITIONAL P.I.P.	<input checked="" type="checkbox"/> 5 7	TOTAL W/C \$ \$ M/E \$	TOWING & LABOR	<input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	\$
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> 2 4 8 3 7	EACH PERSON \$	COMPREHENSIVE	<input checked="" type="checkbox"/> 2 4 8 3 7	
UNINSURED MOTORIST	<input checked="" type="checkbox"/> 2 6 3 7 4	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNDERINSURED MOTORIST	<input checked="" type="checkbox"/> 2 6 3 7 4	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	<input checked="" type="checkbox"/> 2 4 8 3 7	
HIRED/BORROWED LIABILITY	STATES NJ, PA, FL,	COST OF HIRE <input checked="" type="checkbox"/> IF ANY BASIS \$ If Any	STATES	# DAYS	# VEH
NON-OWNED LIABILITY	STATES NJ, PA, FL, G	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES 386 VOLUNTEERS 0 PARTNERS 0	HIRED PHYSICAL DAMAGE		
			COVERAGE/DEDUCTIBLE		
			COMP \$		
			SPEC C OF L \$		
			COLL \$		
			COVERAGE IS:	PRIMARY <input checked="" type="checkbox"/>	SECONDARY

ENDORSEMENTS, FORMS, CONDITIONS (See Attached Endorsements.)

MCS90
CA9948

COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS
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DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE
1	Robert Capoferri						
2	Ken Messina						
4	Barbara Labb						

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW
							\$
CITY, STATE, ZIP WHERE GARAGED	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR	F	LSP
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP
<input type="checkbox"/> 15 MILES OR OVER	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL
DEDUCTIBLES		AA	ST AMT	COMP	COLL		
		\$	\$	\$	\$		

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PLEASE COMPLETE REVERSE SIDE

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VEHICLE DESCRIPTION (continued)														
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE		COST NEW		
MODEL:					V.I.N.:							\$		
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$		
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$ COLL		
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE		COST NEW		
MODEL:					V.I.N.:							\$		
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$		
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$ COLL		
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE		COST NEW		
MODEL:					V.I.N.:							\$		
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$		
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$ COLL		
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE		COST NEW		
MODEL:					V.I.N.:							\$		
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$		
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$ COLL		
VEH #	YEAR	MAKE:			BODY TYPE:					SYM/AGE		COST NEW		
MODEL:					V.I.N.:							\$		
CITY, STATE, ZIP WHERE GARAGED					TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/>	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$		
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$ COLL		

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)

INTEREST 1	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Blanket Additional Insureds and Loss Payees as required by contract			LOCATION:	BUILDING:
<input checked="" type="checkbox"/>	LOSS PAYEE				VEHICLE:	BOAT:
<input type="checkbox"/>	MORTGAGEE				SCHEDULED ITEM NUMBER:	
<input checked="" type="checkbox"/>	LIENHOLDER				OTHER	
<input checked="" type="checkbox"/>	EMPLOYEE AS LESSOR					
<input checked="" type="checkbox"/>		ITEM DESCRIPTION:				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?	<input checked="" type="checkbox"/>
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, PLEASE IDENTIFY IN REMARKS.	<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	<input checked="" type="checkbox"/>
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	<input checked="" type="checkbox"/>

DESCRIPTION OF GARAGE/STORAGE LOCATIONS

MAXIMUM DOLLAR VALUE SUBJECT TO LOSS

REMARKS

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)

DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:	<input checked="" type="checkbox"/>	SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS,
	<input type="checkbox"/>	SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR
	<input type="checkbox"/>	REJECTING COVERAGE ENTIRELY.
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.	1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP	(APPLICANT'S SIGNATURE)
	2. I REJECT UM BODILY INJURY COVERAGE	(APPLICANT'S SIGNATURE)
	3. I REJECT UIM BODILY INJURY COVERAGE	(APPLICANT'S SIGNATURE)
	4. I REJECT UM PROPERTY DAMAGE COVERAGE	(APPLICANT'S SIGNATURE)
	5. I REJECT UIM PROPERTY DAMAGE COVERAGE	(APPLICANT'S SIGNATURE)

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ATTACH TO APPLICANT INFORMATION SECTION

JJM

AUTOMOBILE COVERAGE

NAMED INSURED: **Asphalt Paving Systems, etal**

POLICY PERIOD: 4/01/20 – 4/01/21

A. LIABILITY: \$ 2,000,000. Combined Single Limit pf bodily injury
And property damage, per Accident, including:
Liability Deductible (AL & PD) Per Loss: None

Specifically described autos only, per schedule

- X Any "Auto" symbol # 1
- X Non-owned and Hired Autos
- X Uninsured/Underinsured Motorists Protection (NJ, NY, PA & FL)
- X Medical Payments- Limit: \$ Per Accident
(On Vehicles subject to pedestrian Pers'l Inj. Prot. Only)
- X Basis personal injury protection for private passenger Autos;
Vans, pickups & panel trucks not used for business other
than farming, and personally used campers or motor homes.
- X Basic pedestrian personal injury protection for all other
Vehicles other than described above.

**NOTE: Personal Injury Protection Options are provided in accordance
With the completed coverage selection form, when applicable.**

Exclusions: * Pollution, subject to minimum financial
Responsibility limits of 15,000/30,000/5,000
* Employees while driving their own autos on business
* Contractual, unless an insured contract
* Workers compensation and employers liability
* Punitive damages for uninsured/underinsured motorists

B. PHYSICAL DAMAGE: Scheduled & hired vehicles, symbols, 2 & 8

C. SUPPLEMENTAL SCHEDULES INCLUDED:

- X Optional Coverage's
- X Vehicle Schedule
- X Driver Schedule

(Key: X = Coverage or option Applies)

AUTOMOBILE (continued) – OPTIONAL COVERAGES

NAMED INSURED: Asphalt Paving Systems, etal

X Medical Expense Benefit Limit: \$ 10,000.
For Priv. Pass. Autos eligible for NJ PIP only

X Individual Named Insured, Broadened Drive other cars
Coverage, and Increased Personal injury Protection for:

Name: **Robert Capoferri** Unit:
Option # **16** , Medical Expense Deductible: \$ 250.+20%
Lawsuit Threshold Applies: **X** Does Not Apply:
Includes Named Resident Relatives: **Kathleen & Frank**

Name: **Barbara Labb** Unit:
Option # **8** , Medical Expense Deductible: \$ 250 + 20%
Lawsuit Threshold Applies: **X** Does Not Apply:
Includes Named Resident Relatives: **Nick & Noel (Children)**

X 60 Day Notice of Cancellation/Non -Renewal

X Automobiles composite Liability & Physical Damage

X Employees as insured's (CA 99 33)

X Waiver of transfer rights of recovery against others to us

X Hired autos specified as covered autos

X Hired cars physical damage (direct primary) \$35,000 Limit

X Towing (Priv. Pass. Only) – \$50.00 Per Disablement:

X Rental Reimbursement (private passenger only) \$40.00 Per day 30 Days

X **Motor Carrier # 961456 - Interstate Carrier**

X MCS-90, If so subject to ICC regulations/1980 Motor carrier act

X CA9948- Pollution Broadened Coverage (Includes Pollution costs and expenses resulting
From an accident which also causes BI and PD; excluding contractual liability to others.

(Key X = Coverage or Option Applies)

Endorsement #18



Schedule of Named Insureds

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
AUC 0191416-03	04/01/2019	04/01/2020	04/01/2019	53093000	-----	-----

Named Insured and Mailing Address:

ASPHALT PAVING SYSTEMS, INC. ETAL
500 N EGG HARBOR RD
HAMMONTON, NJ 08037-3201

Producer:

MCKEE RISK MANAGEMENT INC
610 FREEDOM BUSINESS CTR DR STE 300
KING OF PRUSSIA, PA 19406-1329

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Asphalt Paving Systems, Inc.

Shore Slurry Seal, Inc.

Shore Microsurfacing Systems, Inc.

PMP Construction, Inc.

Shore Road Maintenance, Inc.

Shore Transport, Inc.

Thomas H. Gannon & Sons, Inc.

Shore Building Contractors, Inc.

Aspen Construction Management

LC&S Classics, Inc.

11 Chew Development, LLC

Code Orange, LLC

R. Capp, LLC

Shore Resurfacing, LLC

Highway 67 Properties, LLC (Owner of Real-estate GA)

Premium And Reports Agreement – Composite Rated Policies



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP 0191409-04	04/01/2019	04/01/2020		53093000	INCL	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Auto Dealers Coverage Form
Business Auto Coverage Form
Motor Carrier Coverage Form

Schedule		
Units of Exposure – Indicate your selection of one of the following with an <input checked="" type="checkbox"/>		
<input type="checkbox"/> Per "auto"	<input type="checkbox"/> Per \$100 "cost of hire"	<input type="checkbox"/> Per 10,000 "miles"
<input checked="" type="checkbox"/> Per "auto – power units only"	<input type="checkbox"/> Per \$100 of "gross receipts"	<input type="checkbox"/> Per 100 "miles"
<input type="checkbox"/> Per \$1,000 "payroll"		
<input type="checkbox"/> "Other":		
Estimated Unit(s) of Exposure	Composite Rate(s)	Estimated Premium(s)
LIABILITY		
67 POWER UNITS ✓	6292.75 ✓	\$421,615
10 TRAILERS		INCLUDED
PHYSICAL DAMAGE		
67 POWER UNITS ✓	1148.39 ✓	\$76,946
10 TRAILERS		INCLUDED
TERRORISM		\$4,986
TOTAL ESTIMATED PREMIUM		\$503,547
NJ PLIGA		\$2,668
	Deposit Premium:	\$506,215
	Minimum Premium:	\$401,797

The **Premium Audit** Condition is replaced by the following:

Premium Audit

- We will compute all premiums for this coverage form according to our rules and the Composite Rate(s) shown in the Schedule of this endorsement or attached hereto. The estimated premium for this coverage form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures at the time of final audit.
- The Deposit Premium shown in the Schedule of this endorsement is due and payable on the first day of the policy period. In addition, the first Named Insured will pay, within 20 days following the date of mailing or delivery of a statement of interim audited premium, any additional earned premium that is developed during any interim audit conducted by us during the policy period.
- Within 180 days after this coverage form expires we will conduct a final audit, which may not be waived. We will compute the earned premium for the policy period by multiplying the Composite Rate for the indicated Unit of Exposure shown in the Schedule of this endorsement against your actual exposures as determined by such final audit. If the resulting earned premium is greater than the sum of the Deposit Premium shown in the Schedule and



Coverage Extension Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP 0191409-04	04/01/2019	04/01/2020		53093000	INCL	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Business Auto Coverage Form
Motor Carrier Coverage Form

A. Amended Who Is An Insured

1. The following is added to the **Who Is An Insured** Provision in **Section II – Covered Autos Liability Coverage**:

The following are also "insureds":

- Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- Anyone else who furnishes an "auto" referenced in Paragraphs **A.1.a.** and **A.1.b.** in this endorsement.
- Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or written agreement, or the Limits of Insurance shown in the Declarations, whichever is less.

2. The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other Insurance – Primary and Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form:

Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a primary and non-contributory basis and any insurance maintained by the additional "insured" will apply on an excess basis. However, in no event will this coverage extend beyond the terms and conditions of the Coverage Form.

B. Amendment – Supplementary Payments

Paragraphs **a.(2)** and **a.(4)** of the **Coverage Extensions** Provision in **Section II – Covered Autos Liability Coverage** are replaced by the following:

- Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

C. Fellow Employee Coverage

The **Fellow Employee** Exclusion contained in **Section II – Covered Autos Liability Coverage** does not apply.

D. Driver Safety Program Liability and Physical Damage Coverage

1. The following is added to the **Racing** Exclusion in **Section II – Covered Autos Liability Coverage**:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

2. The following is added to Paragraph 2. in the **Exclusions of Section III – Physical Damage Coverage** of the Business Auto Coverage Form and Paragraph 2.b. in the **Exclusions of Section IV – Physical Damage Coverage** of the Motor Carrier Coverage Form:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

E. Lease or Loan Gap Coverage

The following is added to the **Coverage** Provision of the **Physical Damage Coverage** Section:

Lease Or Loan Gap Coverage

In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. Any amount paid under the **Physical Damage Coverage** Section of the Coverage Form; and
- b. Any:
 - (1) Overdue lease or loan payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Security deposits not returned by the lessor;
 - (4) Costs for extended warranties, credit life insurance, health, accident or disability insurance purchased with the loan or lease; and
 - (5) Carry-over balances from previous leases or loans.

F. Towing and Labor

Paragraph **A.2.** of the **Physical Damage Coverage** Section is replaced by the following:

We will pay up to \$75 for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

G. Extended Glass Coverage

The following is added to Paragraph **A.3.a.** of the **Physical Damage Coverage** Section:

If glass must be replaced, the deductible shown in the Declarations will apply. However, if glass can be repaired and is actually repaired rather than replaced, the deductible will be waived. You have the option of having the glass repaired rather than replaced.

H. Hired Auto Physical Damage – Increased Loss of Use Expenses

The **Coverage Extension** for **Loss Of Use Expenses** in the **Physical Damage Coverage** Section is replaced by the following:

Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or written rental agreement. We will pay for loss of use expenses if caused by:

K. Airbag Coverage

The Exclusion in Paragraph B.3.a. of **Section III – Physical Damage Coverage** in the Business Auto Coverage Form and the Exclusion in Paragraph B.4.a. of **Section IV – Physical Damage Coverage** in the Motor Carrier Coverage Form does not apply to the accidental discharge of an airbag.

L. Two or More Deductibles

The following is added to the **Deductible** Provision of the **Physical Damage Coverage** Section:

If an accident is covered both by this policy or Coverage Form and by another policy or Coverage Form issued to you by us, the following applies for each covered "auto" on a per vehicle basis:

1. If the deductible on this policy or Coverage Form is the smaller (or smallest) deductible, it will be waived; or
2. If the deductible on this policy or Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

M. Physical Damage – Comprehensive Coverage – Deductible

The following is added to the **Deductible** Provision of the **Physical Damage Coverage** Section:

Regardless of the number of covered "autos" damaged or stolen, the maximum deductible that will be applied to Comprehensive Coverage for all "loss" from any one cause is \$5,000 or the deductible shown in the Declarations, whichever is greater.

N. Temporary Substitute Autos – Physical Damage

1. The following is added to **Section I – Covered Autos**:

Temporary Substitute Autos – Physical Damage

If Physical Damage Coverage is provided by this Coverage Form on your owned covered "autos", the following types of vehicles are also covered "autos" for Physical Damage Coverage:

Any "auto" you do not own when used with the permission of its owner as a temporary substitute for a covered "auto" you do own but is out of service because of its:

1. Breakdown;
2. Repair;
3. Servicing;
4. "Loss"; or
5. Destruction.

2. The following is added to the Paragraph A. **Coverage** Provision of the **Physical Damage Coverage** Section:

Temporary Substitute Autos – Physical Damage

We will pay the owner for "loss" to the temporary substitute "auto" unless the "loss" results from fraudulent acts or omissions on your part. If we make any payment to the owner, we will obtain the owner's rights against any other party.

The deductible for the temporary substitute "auto" will be the same as the deductible for the covered "auto" it replaces.

O. Amended Duties In The Event Of Accident, Claim, Suit Or Loss

Paragraph a. of the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition is replaced by the following:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident", claim, "suit" or "loss". However, these duties only apply when the "accident", claim, "suit" or "loss" is known to you (if you are an individual), a partner (if you are a partnership), a member (if you are a limited liability company) or an executive officer or insurance manager (if you are a corporation). The failure of any

U. Expected Or Intended Injury

The **Expected Or Intended Injury** Exclusion in Paragraph **B. Exclusions** under **Section II – Covered Auto Liability Coverage** is replaced by the following:

Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

V. Physical Damage – Additional Temporary Transportation Expense Coverage

Paragraph **A.4.a.** of **Section III – Physical Damage Coverage** is replaced by the following:

4. Coverage Extensions

a. Transportation Expenses

We will pay up to \$50 per day to a maximum of \$1,000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

W. Replacement of a Private Passenger Auto with a Hybrid or Alternative Fuel Source Auto

The following is added to Paragraph **A. Coverage** of the **Physical Damage Coverage** Section:

In the event of a total "loss" to a covered "auto" of the private passenger type that is replaced with a hybrid "auto" or "auto" powered by an alternative fuel source of the private passenger type, we will pay an additional 10% of the cost of the replacement "auto", excluding tax, title, license, other fees and any aftermarket vehicle upgrades, up to a maximum of \$2500. The covered "auto" must be replaced by a hybrid "auto" or an "auto" powered by an alternative fuel source within 60 calendar days of the payment of the "loss" and evidenced by a bill of sale or new vehicle lease agreement.

To qualify as a hybrid "auto", the "auto" must be powered by a conventional gasoline engine and another source of propulsion power. The other source of propulsion power must be electric, hydrogen, propane, solar or natural gas, either compressed or liquefied. To qualify as an "auto" powered by an alternative fuel source, the "auto" must be powered by a source of propulsion power other than a conventional gasoline engine. An "auto" solely propelled by biofuel, gasoline or diesel fuel or any blend thereof is not an "auto" powered by an alternative fuel source.

X. Return of Stolen Automobile

The following is added to the **Coverage Extension** Provision of the **Physical Damage Coverage** Section:

If a covered "auto" is stolen and recovered, we will pay the cost of transport to return the "auto" to you. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage.

All other terms, conditions, provisions and exclusions of this policy remain the same.

2. However, regardless of the provisions of Paragraph 1. above:
 - a. No such organization will qualify as a Named Insured under this Coverage Form if the organization:
 - (1) Is also an insured under another policy, other than a policy written to apply specifically in excess of this Coverage Form; or
 - (2) Would be an insured under another policy, regardless of coverage termination or the exhaustion of its limits of insurance; and
 - b. Coverage will be afforded to any such organization qualifying as a Named Insured only until the end of this policy period if the organization is not reported to us during this policy period.
3. **Newly Formed Partnerships, Limited Liability Companies, or Joint Ventures**

Any partnership, limited liability company or joint venture you newly form during this policy period, where:

 - a. You maintain an ownership interest;
 - b. As respects any joint venture, you have agreed in the Joint Venture Agreement to name the joint venture as a Named insured to your policy; and
 - c. Such partnership, limited liability company or joint venture has been organized under the laws of the United States of America (including any state thereof), its territories or possessions,

will qualify as a Named Insured, provided no other similar insurance was purchased for the partnership, limited liability company or joint venture. However, coverage under this provision is afforded only until the 90th day after you form the partnership, limited liability company or joint venture, or the end of the policy period, whichever is earlier, if the organization is not reported to us during this policy period.
4. With regard to Paragraphs 1. and 3. above, the following additional provision applies:

No coverage shall apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you acquired or formed the organization.

All other terms, conditions, provisions and exclusions of this policy remain the same.

AUTOMOBILE COVERAGE

NAMED INSURED: **Asphalt Paving Systems, etal**

POLICY PERIOD: 4/01/20 – 4/01/21

A. LIABILITY: \$ 2,000,000. Combined Single Limit pf bodily injury
And property damage, per Accident, including:
Liability Deductible (AL & PD) Per Loss: None

Specifically described autos only, per schedule

- X Any "Auto" symbol # 1
- X Non-owned and Hired Autos
- X Uninsured/Underinsured Motorists Protection (NJ, NY, PA, FL & GA)
- Medical Payments- Limit: \$ Per Accident
(On Vehicles subject to pedestrian Pers'l Inj. Prot. Only)
- X Basis personal injury protection for private passenger Autos;
Vans, pickups & panel trucks not used for business other
than farming, and personally used campers or motor homes.
- X Basic pedestrian personal injury protection for all other
Vehicles other than described above.

**NOTE: Personal Injury Protection Options are provided in accordance
With the completed coverage selection form, when applicable.**

Exclusions: * Pollution, subject to minimum financial
Responsibility limits of 15,000/30,000/5,000
* Employees while driving their own autos on business
* Contractual, unless an insured contract
* Workers compensation and employers liability
* Punitive damages for uninsured/underinsured motorists

B. PHYSICAL DAMAGE: Scheduled & hired vehicles, symbols, 2 & 8

C. SUPPLEMENTAL SCHEDULES INCLUDED:

X Optional Coverage's
X Vehicle Schedule
Driver Schedule

(Key: X = Coverage or option Applies)

03/26/19
ASHPAV

This form is for illustration only. Please read your policy for
Specific terms, conditions, limitations and exclusions.

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AUTOMOBILE (continued) – OPTIONAL COVERAGES

NAMED INSURED: Asphalt Paving Systems, etal

- X Medical Expense Benefit Limit: \$ 10,000.
For Priv. Pass. Autos eligible for NJ PIP only
- X Individual Named Insured, Broadened Drive other cars
Coverage, and Increased Personal injury Protection for:
- Name: **Robert Capoferri** Unit:
Option # **16** , Medical Expense Deductible: \$ 250.+20%
Lawsuit Threshold Applies: **X** Does Not Apply:
Includes Named Resident Relatives: **Kathleen & Frank**
- Name: **Barbara Labb** Unit:
Option # **8** , Medical Expense Deductible: \$ 250 + 20%
Lawsuit Threshold Applies: **X** Does Not Apply:
Includes Named Resident Relatives: **Nick & Noel (Children)**
- X 60 Day Notice of Cancellation/Non -Renewal
- X Automobiles composite Liability & Physical Damage
- X Employees as insured's (CA 99 33)
- X Waiver of transfer rights of recovery against others to us
- X Hired autos specified as covered autos
- X Hired cars physical damage (direct primary) \$35,000 Limit
- X Towing (Priv. Pass. Only) – \$50.00 Per Disablement:
- X Rental Reimbursement (private passenger only) \$40.00 Per day 30 Days
- X **Motor Carrier # 961456 - Interstate Carrier**
- X MCS-90, If so subject to ICC regulations/1980 Motor carrier act
- X CA9948- Pollution Broadened Coverage (Includes Pollution costs and expenses resulting
From an accident which also causes BI and PD; excluding contractual liability to others.

(Key X = Coverage or Option Applies)

SCHEDULE OF VEHICLES

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
1	2010	Spector Dump Trl 1S188314	67485 T27	\$45,000 N/A	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
2	2000	Sterling Dump LT 2FWYHWEB4YAH19523	33479 T27	\$55,000 45,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
3	2017	Freightliner Oil Truck TBD	40485 T27	\$95,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
4	2018	Ford F150 Raptor TBD	01485 T27	\$55,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
5	2001	Ford F-350 P/U 1FTSW31F51ED24836	01485 T27	\$17,500 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
6	2017	Ford F-450 TBD	21485 T27	\$45,000 15,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
7	2004	Ford Distributor 3FRXF76P74V682322	40485 T27	\$95,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
8	2007	Ford Dump 1FDZY90X9SVA66629	33479 T27	\$90,000 45,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
9	2008	Sterling /Distributor 2FZHATBS78AY473843	33485 T27	\$125,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
10	2005	Sterling LT9513 2FWJA3DE55AV74398	40485 T27	\$90,000 80,000	\$2500	\$2500	
		X Loss Payee X Add'l Ins.	Name: Chrysler Credit Corp Address: P.O. Box 9139 Dedham MA 02036				
11	2003	Sterling LT9513 2FZHAZAS03AL76472	40485 T27	\$88,997 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
12	1991	Ford Water Trk 1FTYW90R5MVA27689	40485 T27	\$67,000 80,000	N/C	N/C	
		X Loss Payee Add'l Ins.	Name: Orix Credit Alliance Address: 2000 Sproul Rd., Broomall, PA 19008				
13	2019	Western Star Tri-Axel	40485 T27	\$69,000 80,000	\$2500	\$2500	
		X Loss Payee Add'l Ins.	Name: Ford Motor Credit Corp. Address: 500 N. Gulph Rd., King of Prussia, PA				
14	2017	Caterpillar Tr-Axel	40485 T27	\$165,000 80,000	\$2500	\$2500	
		X Loss Payee X Add'l Ins.	Name: Mercedes Benz Credit Corp. Address: P.O. Box 685, Roanoke, TX 76262				
15	1998	Talbert Lowbed 40FW04833W1017567	67485 T27	\$53,000 N/A	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
16	1972	Fruehauf Trailer UNP445504	67485 T27	N/A N/A	N/C	N/C	
		Loss Payee Add'l Ins.	Name: Address:				
17	2001	Sterling Trac. 2FWYHWEB01AH55683	50485 T27	\$75,000 80,000	\$2500	\$2500	
		X Loss Payee X Add'l Ins.	Name: Ford Motor Credit Address:				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
18	1999	Landoll Trailer 1LH660H1X1A10261	67485 T27	\$52,500 N/A	\$2500	\$2500	
		X Loss Payee Add'l Ins.	Name: Orix Credit Alliance Address:				
19	1996	Ford w/Bergkamp 1FDZS86E3VVA05153	33485 T27	\$154,825 45,000	\$2500	\$2500	
		X Loss Payee Add'l Ins.	Name: Orix Credit Alliance Address:				
20	2016	Dodge P/U	01485 T27	\$50,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
21	1999	Ford w/Distributor 3FEXF8014XM407519	33485 T27	\$125,000 45,000	\$2500	\$2500	
		X Loss Payee Add'l Ins.	Name: Orix Credit Alliance Address:				
22	1999	Entyre Tank Trl 1E9T43202XE007014	67485 T27	\$42,000 N/A	\$2500	\$2500	
		X Loss Payee Add'l Ins.	Name: Orix Credit Alliance Address:				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
23	2006	Ford 1FDAW56P36EC61828	01485 T27	\$29,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
24	1999	Ford /Bregkamp	40485 T27	\$130,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address :				
25	2008	Dodge P/U 3D7KS28058G172236	01485 T27	\$28,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
26	2016	Entyre Lowboy Trl TBD	67485 T27	\$60,000 N/A	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
27	2007	Sterling Dump 2FZMAZCV37AY74578	40485 T27	\$102,503 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
28	2019	Ford F-750	40485 T27	\$150,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW	RR
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29	2007	Sterling 2FWMAZCG7AY5757	40485 T27	\$105,000 80,000	\$2500	\$2500		
		Loss Payee Add'l Ins.	Name: Address					

30	2013	Ford Edge 2FM0K4KC6DBC64883	7398 T27	\$44,220 N/A	\$2500	\$2500	X	X
		Loss Payee Add'l Ins.	Name: Address					

31	2010	Ford F-150 1FTFX1EVXAFB13176	01485 T27	\$38,000 8,000	\$2500	\$2500		
		Loss Payee Add'l Ins.	Name: Address					

32	2011	Mack Tractor 1M1AW15Y4BM015748	50385 T27	\$85,000 80,000	\$2500	\$2500		
		Loss Payee Add'l Ins.	Name: Address					

33	2007	Mack Tractor 1M1AG10YX7M061984	50385 T27	\$80,895 80,000	\$2500	\$2500		
		Loss Payee Add'l Ins.	Name: Address					

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
34	2008	Dodge Ram 4500 3D6WD68A48G227126	01485 T27	\$48,742 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
35	2020	Ford Stake Bdy T27	21485 12,000	\$46,669	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
36	2019	Dodge P/U TBD	7398 T27	\$70,000 N/A (Robert C)	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
37	2017	Land Rover Discovery TBD	7398 T27	\$58,000 N/A (Ken M.)	\$2500	\$2500	
		Loss Payee X Add'l Ins. X	Name: Address				
38	2012	Mack Tractor 1M1AWO7YXCM024379	50385 T27	\$104,200 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
39	2006	Sterling	40485 T27	\$55,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
40	2013	Mack Tractor 1M1AWO7YD4M024380	50385 T27	\$104,200 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
41	2018	Dodge Ram P/U 1D7RU1GT1A5216689	01485 FL	\$ 44,700 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
42	2011	Dodge Ram P/U 1D7RU1GT1A5216688	01485 FL	\$ 44,700 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
43	2018	Chevy Van TBD	01485 T27	\$ 28,000 N/A	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
44	2011	Ford E350 1FDRF3667BEA16375	21485 T27	\$ 37,800 10,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
45	2017	Ford F150 P/U TBD	01485 T27	\$ 30,500 N/A	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
46	2012	Mack GU1813 Dump 1M2AX18C8CM015665	40485 T27	\$ 152,926 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address:				
47	2018	Mercedes E300 WADZF4KBJA344628	7398 T27	\$ 62,335 Steve Plummer	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Paycom Services & Mercedes Benz Financial Serv. Address:				
48	2020	Dodge 500 1	7398 FL	\$26,070 N/A	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
49	1996	Mack w/Bregkamp	40479 T27	\$110,500 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
50	2014	Ford Utility 1FTF1EF4DKF75546	21485 T27	\$49,500 26,000	\$2500	\$2500	
		Loss Payee Add'l Ins. Address	Name:				
51	2008	Sterling LT9513 Dump 2FZMAZCG07AY57576	40479 T27	\$60,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
52	2012	Ford F150 P/U 1FTFX1EF4CFB07496	01485 T27	\$34,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Ford Credit Address				
53	2016	Western Star Tractor	50385 T27	\$115,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
54	2013	Mack Tractor	50385 T27	\$106,200 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
55	2011	Mack Tractor	50385 T27	\$106,200 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
56	2016	Ford F-450	21485 T27	\$60,000 26,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
57	2015	Caterpillar Tractor	50385 T27	\$158,126 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
58	2012	Ford F450	21485 T27	\$49,000 10,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
59	2018	Ford F450	21485 T27	\$49,000 10,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
60	2012	Dodge Ram P/U	01485 T27	\$32,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
61	2004	Dodge Ram P/U 3D7LA38C04G248914	01485 T27	\$22,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
62	2016	Dodge P/U	01485 T27	\$50,000 8,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
63	2014	Dodge Ram P/U 1C6RR7JMXES406735	01485 T27	\$50,195 8,000	\$2500	\$2500	
		Loss Payee X Add'l Ins.	Name: Chrysler Capital Address				
64	2015	Dodge Ram P/U 1C6RR7GM5FS	01485 T	\$50,195 8,000 (Florida)	\$2500	\$2500	
		Loss Payee X Add'l Ins.	Name: Chrysler Capital Address				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

ITEM NO.	YEAR	MAKE/MODEL SERIAL NO.	CODE TERR	COST GVW	COMP. DED.	COLL. DED.	TOW RR
65	2015	CAT Tri Axel	40479 T27	\$166,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
66	2014	Ford F-450 Utility P/U	02485 T27	\$45,000 12,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
67	2015	Ford F-450Utility P/U	02485 T27	\$45,000 12,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
68	2009	Sterling Tractor 2FWJA3CV29A69	50385 T27	\$104,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				
69	2004	Sterling Tractor 2FWJA3C29A64	50385 T27	\$89,000 80,000	\$2500	\$2500	
		Loss Payee Add'l Ins.	Name: Address				

(Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

70	2013	Chevy Sierra P/U	01485	\$ 20,000 T 8,000 GA	\$2500	\$2500
		Loss Payee Add'l Ins.	Name:	Address		
71	2013	International Dump	40485	\$90,000 T 45,000	\$2500	\$2500
		Loss Payee Add'l Ins.	Name:	Address		
72	2015	Kenworth Tractor	50385	\$120,000 T 80,000	\$2500	\$2500
		Loss Payee Add'l Ins.	Name:	Address		
73	2004	Mack Oil Truck	40479	\$50,000 T 45,000	\$2500	\$2500
		Loss Payee Add'l Ins.	Name:	Address		
74	2002	Pitt Trailer, Low Bed	67485	\$25,000 T N/A	\$2500	\$2500
		Loss Payee Add'l Ins.	Name:	Address		
75	2001	Polar Trailer	67485	\$20,000 T N/A	\$2500	\$2500
		Loss Payee Add'l Ins.	Name:	Address		
76	2019	Western Star Dump	40485	\$167,000 T 45,000	\$2500	\$2500
		Loss Payee Add'l Ins.	Name:	Address		

Key: X = Coverage or option Applies)

SCHEDULE OF VEHICLES (Continued)

NAMED INSURED: Asphalt Paving Systems, etal

77	2020	Western Star Dump	40485	\$167,000	\$2500	\$2500
			T	45,000		

Loss Payee	Name:
Add'l Ins.	Address

78	2019	Dodge Ram 1500	01485	\$38,700	\$2500	\$2500
			T	8,000		

Loss Payee	Name:
Add'l Ins.	Address

Key: X = Coverage or option Applies)